Exhibit 17

Mundy Pain Clinic P.C.
6240 Rashelle Drive, Suite 103
Flint, MI 48507
Phone: 810-232-9800 Fax: 810-232-7710

INITIAL EVALUATION

Patient ID:
Patient Name:
Date of Birth:
Date of Injury: August 2010
Date of Evaluation: 02/08/2011

22B149519

The patient was not sure of date of injury, some time in August 2010.

HISTORY OF PRESENT ILLNESS: The patient was a belted driver. He stated the car he was driving was T-boned to the passenger side. The patient states the driver's airbag deployed. The patient states he may have been knocked out for a very brief moment. He stated the airbag deployed in to his face area. The patient stated when he came to, he got out of the car to make sure the other person in the other car was okay. He states the EMS arrived but he did not feel he needed medical attention at that time. The patient apparently has not had any medical attention presumably, he states, because he has no insurance. He stated may be three of four days after the accident he started noticing some headaches. He stated he went to the McLaren ER where they said they were migraines and he was sent home. The patient did not tell the ER physician that he had been in a car accident a few days prior. The patient stated that he would get occasional sharp pain in his neck and low back following the accident, but he it was very intermittent and was not causing him much difficulty until, he stated, about a month or so thereafter the accident when the neck and low back pain became more intense and more consequent. The patient states that he continues to have headache. They are at the front of his head. No nausea or vomiting. He states sometimes they may be throbbing in nature. There is no neurologic deficit noted. He states he is experiencing some occasional memory loss. He states that sometimes he will put something down like a glass of water and then forget where he put it. The headaches are not everyday. They come and go. He states his neck pain is about 8/10. He states there seems to be, what he is describing, some right-sided radiculopathy and he has paresthesias and both hands, he states. His low back pain, he states, is localized, there are no radiculopathy symptoms, no paresthesias, and gives that about 7/10 on the pain scale. The patient has not been taking any pain medication. The patient has no other complaints.

PAST MEDICAL HISTORY: Positive for hypertension, non-insulin-dependent diabetes, schizophrenic paranoia, glaucoma, cataracts, asthma, and panic attacks. He states the panic attacks started about three or four months ago and he is not sure what is trigger those, but they were not there before the accident.

MEDICATIONS: He is not sure of the names of. He will bring the names of his medications at next visit, but ostensibly they are medications for the above-mentioned medical conditions.

ALLERGIES: He has no drug allergies.

SIGNIFICANT PRIOR INJURIES AND ACCIDENTS: He has no prior injuries or accidents.

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Patient ID:
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Date of Birth:
Date of Injury: August 2010
Date of Evaluation: 02/08/2011

PAST SURGICAL HISTORY: The patient has a surgical procedure nine months ago he stated, for rectal cancer. There is no chemotherapy, just stated it was an outpatient surgery for rectal cancer, so I am not sure if this is truly what his condition was or this is what he was led to believe it was. He had no prior hospitalizations.

FAMILY AND SOCIAL HISTORY: He is single. He has six children ages 25 to 16. The 16-year-old lives with the child's mother. The patient does not drink or smoke cigarettes. The patient was laid off in July 2010. He had worked as a General Motors supplier. The patient's education, he is a high school graduate and he is presently attending a learning center four days a week.

PHYSICAL EXAMINATION: Vitals: Blood pressure of 140/90. Pulse 80. Respirations 14. The patient appears to be in some distress due to his injuries. He is alert. He is oriented x3. HEENT: Pupils are equally round and reactive to light. Extraocular muscles are intact. C-spine reveals tenderness to palpation over the spinous processes C3 through C7 with cervical paraspinal tenderness, left greater than the right. Range of motion is just restricted in the horizontal plane. Lungs are clear. Heart: S1 and S2 normal without murmur. Abdomen is benign. Thoracic spine is nontender. Lumbar spine, there is tenderness to palpation over the lumbar spinous processes L2 through L5 with bilateral lumbar paraspinal tenderness. Range of motion is decreased in all planes. Negative straight leg raise bilaterally. DTRs are +2 bilaterally in upper and lower extremities. Handgrip is strong bilaterally. Right shoulder reveals tenderness to palpation over the anterosuperior aspect. Range of motion is decreased in all planes and he is unable to raise his right arm above shoulder level.

IMPRESSION:

1. Status post MVA with subsequent cervical radiculopathy.
2. Lumbar strain.
3. Right shoulder derangement.
4. Postconcussive headaches with possible memory loss.
5. Paranoid schizophrenic.
6. Hypertension.
7. Non-insulin-dependent diabetes.
8. Glaucoma.
9. Asthma.
10. Cataracts.
11. Panic attacks.

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INITIAL EVALUATION

Patient ID:
Patient Name: [redacted]
Date of Birth:
Date of Injury: August 2010
Date of Evaluation: 02/08/2011

PLAN: We will get MRI of his C-spine and right shoulder. I will get a neuropsychic evaluation or occupational therapy to his right shoulder and head. Physical therapy to his C-spine and lumbar spine. He is considered disabled. Vicodin ES one b.i.d., dispensed #60, Xanax 1 mg one b.i.d., dispensed #60. Recheck in 30 days.

Andrew Ruden, M.D.

Transcribed by JJ Medical Systems
DD: 02/08/11
DT: 02/09/11
FV

EVALUATIONS

Patient: [redacted]
DOS: 03/22/2012

First time evaluation.

DATE OF ACCIDENT: 03/06/2012

DATE OF BIRTH: [redacted]

HISTORY OF PRESENT ILLNESS: The patient states she was a belted front seat passenger. She said another vehicle ran a red light and struck the vehicle that she was in to the driver side just behind the driver. The patient states she did not sustain any immediate injury at the time of the MVA, but the next day, she noticed she was having right-sided neck pain and she point her right trapezius muscle pain and also left knee pain. She went to Hurley ER on the 03/08/2012 where she stated an x-ray of the left knee was obtained and was negative for fracture and was send home on Xanax, Tylenol No. 3 the diagnosis of left knee contusion and next drain. The patient has not sought medical attention since leaving Hurley. She states that around three to four days ago, she started noticing some low back pain that localize and does not radiate into her lower extremities. _____, there is no headache, there is no abdominal pain or chest wall pain. There is no loss of consciousness. The patient states since the accident, the left knee is getting slightly better. She has good days and bad days, but the right-sided neck pain continues as well as is the low back pain.

MEDICAL HISTORY: The patient states she had some knee problems. She thinks it was her left knee many years ago and recalls getting some kind of shots put into it. She said that the knee was pretty much better until this accident. The patient also has a history of high cholesterol and hypertension.

MEDICATIONS: She is on some statin and hypertension medicines. She is not sure the name of.

She is allergic to PENICILLIN.

There is no significant prior injuries or accidents.

SURGICAL PROCEDURE: She has had a tubal ligation, hysterectomy, cholecystectomy, and a hemorrhoidectomy.

She is a widow. She has adult children. She works as a housekeeper twice a week. She last worked in February.

EDUCATION: She is a high school graduate.

PHYSICAL EXAM: 5 foot 4 inches, 190 is her weight. Blood pressure 140/90 mmHg pulse 78, respirations 12. The patient is alert, oriented x3. Pupils are equal, round, and reactive to light. Extraocular muscles are intact. C spine reveals tenderness to palpation to the right paraspinals and tenderness to the right trapezius. There is some tenderness to palpation over the spinous processes C3 through C6. Range of motion is slightly restricted in the horizontal plane. There is no thoracic spine tenderness. Lumbar spine exam reveals tenderness to palpation to the paraspinals bilaterally.

Range of motion is somewhat restricted in the flexion and extension. L s are +2 bilaterally upper and lower extremities. Handgrip is strong bilaterally in the upper extremity. Lungs are clear. Heart, S1, S2 normal without murmur. Abdomen is benign. Left knee compared to the right knee has no obvious swelling noted. There is some tenderness to palpation over the body of the patella. Also, there is some tenderness over the lateral joint line. Full range of motion noted.

IMPRESSION: Status post MVA with subsequent cervical strain, particularly in the right side. Right trapezius strain and lumbar strain and left knee contusion.

PLAN: Physical therapy to the low back, neck, and right trapezius as well as the knee. The patient states she has pain medication from Hurley ER, so I would not give her any more from this visit. Consider disabled. Will be rechecked in 30 days.

Andrew Ruden, MD

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EVALUATIONS

Patient:
DOS: 04/19/2012

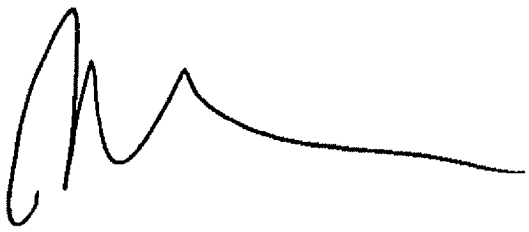
This is a reevaluation on an injury sustained in an accident that occurred on 03/06/2012. The patient states her neck is getting slightly better. She is about a 6/10 in the pain scale, which is localized. There is no radiculopathy in the upper extremities. She states her left knee pain is improving it is about 50% improved. Her low back pain she states it is no better. It is localized with no radiculopathy in the extremities and she is about a 6/10 on the pain scale. The patient is going to physical therapy as directed and emphatically I inadvertently failed to prescribe physical therapy to her low back at last visit and it would have been indicated because she had complaints of low back pain, discomfort and positive physical findings. So I just want to document that that was my error.

PHYSICAL EXAM: The C-spine reveals tenderness to palpation to the right paraspinals as before and also some tenderness to the right trapezius. There is any tenderness any longer over the spinous process of the C-spine. Range of motion is only minimally restricted in the horizontal plane. The lumbar spine exam reveals tenderness to palpation to the paraspinals bilaterally. There are no tenderness to palpation to the lumbar spinous processes. Negative straight leg raise bilaterally. DTRs are +2 bilaterally upper extremities and lower extremities. Left knee, there is no swelling noted, only minimal tenderness to palpation over the patella and over the lateral joint line. Full range of motion noted in the left knee joint.

IMPRESSION: Status post MVA with improving neck and trapezius strain, improving left knee contusion/strain and persistent low back pain.

PLAN: To continue physical therapy to her right trapezius, cervical area, left knee and low back. The patient states she does not need a refill on her pain meds. She is considered disabled, to recheck in 30 days.

Andrew Ruden, MD



03212012

Choice House Calls
17200 E. 10 Mile Road, Suite 135
Eastpointe, MI 48021
Phone: 1-586-279-3200

FOLLOWUP VISIT

Patient ID: 1281050
Patient Name: [redacted]
Date of Birth:
Date of Injury: 03/21/2010
Date of Reevaluation: 12/01/2010

CURRENT COMPLAINTS: The patient is here for those injuries sustained in that accident. The patient was last seen here on September 27, 2010. The patient was scheduled for EMGs on September 28, 2010, and again on October 26, 2010, and apparently he was a no show for those EMGs. In any event, the patient states his neck pain may be 20% better than it was last visit. He gives it a 3/10 on the pain scale and he states it is localized. His low back pain he says is worse. He gives it 6/10 on the pain scale. He says it is localized, but no radiculopathy symptoms on his lower extremities. His headaches are unchanged. The patient has not been going to physical therapy for the last month. He has been out of pain medicine since last month.

OBJECTIVE FINDINGS: The patient does not appear to be in any acute distress. His neck reveals bilateral tenderness to the cervical paraspinals along the spinous processes C3, C4, C5, and C6. Range of motion is slightly decreased in extension. Handgrip is strong. DTRs are +2 bilaterally. There is no thoracic spine or muscle tenderness. Lumbar spine, there is some tenderness to palpation bilaterally on the lumbar paraspinals. Some tenderness over the spinous processes L3, L4, and L5. Negative straight leg raise bilaterally. DTRs are +2 bilaterally.

IMPRESSION:
1. Status post MVA with subsequent cervical and lumbar strain, rule out radiculopathy.
2. Resolved thoracic back strain
3. Persistent headaches.

PLAN: The patient will be rescheduled for his EMG of his lower and upper extremities. Naprosyn 500 mg one b.i.d. Physical therapy to his neck and low back. We will cancel his occupational therapy to his head. The patient is given work restrictions. The patient will be rechecked in 30 days. We discussed MUAs and steroid epidural steroid injections as additional things we can do for his pain management. The patient will be rechecked in 30 days.

Andrew J. Ruden, M.D.

Transcribed by JJ Medical Systems
DD: 12/01/10
DT: 12/02/10
SD